

MONITORING REPORT ADULT DAY CARE AND ADULT DAY HEALTH
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DATE OF VISIT: _____

I. PROGRAM: _____ COUNTY: _____

II. TYPE OF VISIT: () Announced () Unannounced TIME OF VISIT: _____

 III. ENROLLMENT: # Full-time ____ # Part-Time ____ Month Reviewed _____
 ATTENDANCE: # Participants at time of visit _____ # of Staff _____

IV. CONCERNS FROM PREVIOUS VISIT: _____

Have these concerns been resolved? () YES () NO (If no, complete DSS Form 6215)

V. AREA REVIEWED:

Program Evaluation [10A NCAC 06R .0509 and 06S .0401] – <u>Standards</u> , Pages 27 - 28

Review the program's evaluation plan for the following components, and check to be sure that the evaluation is being completed each year.
Yes No

- () () Plan for evaluation of operation and services is in writing, includes the timetable for initiating and completing the annual evaluation, the parties to be involved, the areas which will be addressed and the methods to be used in conducting the evaluation.
- () () A formal evaluation is being conducted at regular intervals, at least annually.
- () () Specific parties involved, as appropriate, in evaluation process.
- () () Evaluation focuses on the three areas identified in Standards, Page 28.
- () () Written report of evaluation on file.

VI. COMMENTS/CONCERNS _____

Attach an additional sheet if needed

VII. PROGRAM DIRECTOR'S COMMENTS _____

VIII. Continued by () DSS-6215 (____ # of forms)

IX. Signatures:

Coordinator_____
Date_____
Program Director_____
Date

Make copies for DSS file; Program Director, and State Adult Day Services Consultant.

DAAS-6214 (9-05)

Check Yes or No. If no, provide explanation.